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FEC Form 3X (Rev. 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

II. Disburse	nents		UMN A his Period	_	OLUMN B ar Year-to-Date
21. Operating Expenditures: (a) Allocated Federal/N Activity (from Scheen	on-Federal				
(i) Federal Share			₹	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • •
(ii) Non-Federal S (b) Other Federal Oper	ating	The state of the s		10 miles (10 miles)	**************************************
Expenditures		20.00 mg/s = 20.00			

DETAILED SUMMARY PAGE

of Disbursements

		Page 5
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	en e	en de la companya de
34. Total Contribution Refunds.		
(from Line 28(d))	$= \frac{1}{2} \left(\frac{\mathbf{v}_{i}}{2} \left(\frac{\mathbf{v}_{i}}{2} \right) \mathbf{v}_{i} \right) \left(\frac{\mathbf{v}_{i}}{2} \left(\frac{\mathbf{v}_{i}}{2} \right) \right) \left(\frac{\mathbf{v}_{i}}{2} \right) \left(\frac{\mathbf{v}$,
35. Net Contributions (other than loans)		
(subtract Line 34 from Line 33)	en la production de la companya de l	
36. Total Federal Operating Expenditures		the second of th
(add Line 21(a)(i) and Line 21(b))▶	and the second s	
37. Offsets to Operating Expenditures		
(frem Line 15, page 3)	, , , , , , , , , , , , , , , , , , ,	the district of the second second
38. Nat Operating Expenditures		<i>F</i> .)
(subtract Line 37 from Line 36)	the state of the s	, , ,

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE (check only one)

11a 11b 11c 15

OF

	Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pethe name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	eerine USA STRONG	5
Full Name (Last, First, Middle Initial) A. HOUGH Mailing Address 245, BRICKE	WILLIAM D LL AUE, Apt 4I	Date of Receipt M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.	State Zip'Code FL 33129 C Occupation	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼	-
Full Name (Last, First, Middle Iπitial) B. Mailing Address	·	Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	C	Harrier St. St. Communication (1997) Harrier St. St. Communication (1997) (1997)
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City	State Zip Code	Amount of Each Receipt this Period
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Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	. 0
TOTAL This Period (last page this lime num	ber only)	Λ->

SCHEDULE B (FEC Form 3X)

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NAME DF COMMITTEE (In Full)				
/ Kec?ir	JE USA STR	9 NG		
Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · ·		Date of Disbursement	
HOUEH, WIL	HOUGH, WILLIAM D Mailing Address 2451 BRICKELL AVE, Apt 47 City State Zip Code			
Mailing Address 2451 RRICKELL F	tue AntuT		M M / D D / Y Y Y	
City				
Purpose of Disbursement	FL 330	27		
Candidata Nama			Amount of Each Disbursement this Period	
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	Other (specify)			
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	Other (specify) ▼			
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c .			Date of Disbursement	
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├ ─┩ - 1 ├ ──	Primary ☐ General Other (specify) ▼			
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TOTAL This Period (last page this line number only)			a ang ang ang ang ang ang ang ang ang an	

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)

(2

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U.S.C. §441a(d))	(To	be used only	by Po	olitical Comm	nittees in the (General Election)	FOR LINE	25 OF FORM 3X
AME OF COMMITTEE (In Fu					<u> </u>			
	Ke	eringe	\$	USA	STRO	NG		
as your committee been design	•	1	Full 1	Name of Subo	ordinate Commi	ttee		
coordinated expenditures by a NO	political party	committee?		Harr	₽			
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			Cit				70	Codo
			City			Sta	ie Zit	Code
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Mailing Address								Category/ Type
						Date		
City		State		Zip Code		W : M / [1,	:
Name of Federal Candidate	e Supported	Office Sough	nt:	House	State:	Amount		
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Mailing Address								Type
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City		State		ZIH C008			1, -	
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Aggregate General Election	n date ▶ This Page (or	Office Sough	 	Senate Presidential	District:	Amount	este est. Per de Horis Aride Lateuri Esta	

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF		
EOR LINI	F 21a OF	FORM	37

N/	ME OF COMMITTEE (In Full) KEEP, NE USA STR	<u>್</u> ದಾನ ಆ	
— A.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
	HOUGH, WILLIAM D.		Administrative Fundraising Exempt
	Mailing Address	~	Voter Drive Direct Candidate Support
	2451 BRICKELL AJE, Apt 4	<u> </u>	
	City State Zip Code FL 331	79	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
	· · · · · · · · · · · · · · · · · · ·		0
	Activity or Event Identifier:		, ,
		Category/ Type	Date
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— В.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
	, and takes (also), the same times,		Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidate Support
]= "
	City State Zip Code		Public Comm (ref to party only) by PAC
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	Purpose of Disbursement.		
	Activity or Event Identifier:		7 y
	Activity of Event Identines.	Category/ Type	M · M / D · D · / Y Y Y · Y·
			<u> </u>
	FEDERAL SHARE + NONFEDERAL	. SHARE	= TOTAL AMOUNT
<u></u>	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
U.	ruii Name (Last, Filst, Middle Midal)		Administrative Fundraising Exempt
	Mailing Address		
			Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
			Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:	·. ,	
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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE		OF		
FOR LINE	30a	OF	FORM	3)

NAME OF COMMITTEE (In Full)				
KecPINE	USA STRO	ನಿಆ		
A. Full Name (Last, First, Middle Initial) / Full O	rganization Name		Type of Allocated Activity	
			Voter Registration Voter ID	GOTV Generic Campaign
40064 114	LAW >		Voter 1D	Generic Campaign
Mailing Address			Allocated Activity or	
HOUGH, WILL Mailing Address 7451 BRICKELL City State	Ave Apt	41		B
City State MIAMI FL	2ip Code 1		in the state of th	(In alterial Property)
Purpose of Disbursement	73127	Category/ Type	мм/ Date	σ /
FEDERAL SHARE	IARE		AMOUNT	
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2	1 (1 (A (1)) 1 (Time of Allocated Activity	or Event:
B. Full Name (Last, First, Middle Initial) / Full O	rganization Name		Type of Allocated Activity Voter Registration	GOTV
			Voter ID	Generic Campaign
Mailing Address			Allocated Activity or	Event Year-To-Date
City State	Zip Code	7 7,715	industration	\$1.000 P. 250 N. C.
Purpose of Disbursement		Category/ Type	Date	rom, vielių selikamenta vielies. Lietuvielies selikamenta vieliesias vieliesias vieliesias vieliesias vieliesias vieliesias vieliesias vieliesi
C. Full Name (Last, First, Middle Initial) / Full O	u + The The T eaching that		e di la destate de espécial de la constante de La constante de la constante d	um jalionemen († 1
			Voter ID	Generic Campaign
Mailing Address			Allocated Activity or	Event Year-To-Date
City State	Zip Code	1 1 1 1 1 1 1	81 1.0 OF 17 27 2	eren on er on il
Purpose of Disbursement		Category/	M M / D	of Albert Assess
FEDERAL SHARE -	+ LEVIN SH	HARE	= TOTAL	AMOUNT
		هرودهاري دالى دلغارتشام		
Burn on one have on many are an ad-	The See Presidentes (1923)	D.C. O'r An An	d Arendari	ar O rangun rum unuk b
SUBTOTAL of Shared Federal and Levin Activity T	his Page			
FEDERAL SHARE	+ LEVIN SH			AMOUNT
TOTAL This Period (last page for each line only)(F FEDERAL SHARE	ini Tangkarang panggang banggan	nic in iman	30(a)(ii)) TOTAL	
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TOTAL This Period for the Levin Share	ili. Tariban gradi in og	na tamba (Thelic	.]	

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	E OF COMMITTEE (In Full)	PING USA STRONG	(1) # C00524009			
NAM	NAME OF ACCOUNT WILLIAM D. HOUGH					
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE			
1.	RECEIPTS FROM PERSONS					
	(a) Itemized(Use Schedule L-A)	ing. Malak dan diber a n dipermenangkan dalam berangkan kenanggan	ing statement of the st			
	(Sab Sandada 2 1.)	THE STOREGO HOS CHEW PART CHEW PRESS	og skipska koma kalebera era koman.			
	(b) Uniternized	Tile mere ome de mero en en em en				
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3.	TOTAL RECEIPTS		• • • • • • • • • • • • • • • • • • •			
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4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT					
	(Use Schedule L-B)	grig es , sympromic espektic, etc. [Herita Augustust, et seisentas Parlia et s			
	(a) Voter Registration	The form of the following the	The state of the s			
	(b) Voter ID		Checkertinesser the four street curry of head of the first street			
	(c) GOTV(d) Generic Campaign					
	(e) Total	THE ARTER AND ADMINISTRATION OF A THE ABOUT THE AREA OF A THE ARTER AND A THE AREA OF	 Bertug der Wildung im Der eine der erte der eine der			
	(0)		o de la Presidente de la Section de la Sect			
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6.	TOTAL DISBURSEMENTS	······································	distribution of the second of			
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9.	SUBTOTAL(Add Lines 7 and 8)	······································	from the P. To be Performant and			
			PROTEST AND WITH A DESCRIPTION			
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11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		Contract to the contract of th			

SCHEDULE L A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER: (check only one)

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OF

PAGE

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or for commercial purposes, other than using the næme and address of any political committoe to	to solicit contributions from such contimittee.
NAME OF COMMITTEE (IN FUII) KEEPINE USA STRONG	
Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Possint
Mailing Address	Date of Receipt M M / D D / Y Y Y Y
City State Zip Code MIAYMI FL 33:29 Name of Employer or Principal Place of Business	Amount of Each Receipt this Period , , , O Aggregate Year-to-Date
Full Name (Last, First, Middle Initial) / Full Organization Name	, ,
B. Mailing Address	Date of Receipt M M / D D / Y Y Y Y
City State Zip Code	Amount of Each Receipt this Period
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Name of Employer or Principal Place of Business	Aggregate Year-to-Date
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ITEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Aggregation Page		Use separate schedule(s)	(check only one)	
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Λ	NAME OF COMMITTEE (In Fully EC MAIL	,		
Z	KEEPING USA STRONG		C00524009)	
_	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement	
A.	HOUGH, WILLIAM	D	M M / D D / Y Y Y	
	Mailing Address 2451 BRICKELL AVE	Apt 45		
	City State FL	Zip Code 33(29	Amount of Each Disbursement this Period	
	Purpose of Disbursement	22121	^	
	•		, , <i>O</i>	
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D.			Date of Disbursement	
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(3/2005)